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LOVE FOR CARE

NARAYANA NURSING INSTITUTIONS

"HARDWORK DISCIPLINE SERVICE TRIUMPH"

24th TB Day

1st Zero Discrimination Day

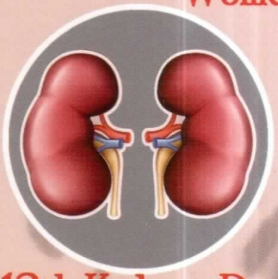
4th National Safety Day

23rd Water Day

22nd Disable Day

8th International Women's Day

21st Forestry Day



12th Kidney Day

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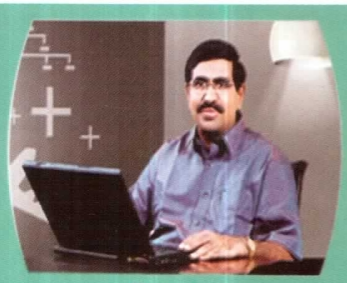

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Editors Message...

The Theme for last year nurse's day was a force for change, a vital resource for health. In this year world health day theme is "Food safety: Farm to plate", which is based on prevention of non-communicable diseases and promotion of health., As these are the basic principles of nursing, and we are the changing agent, it may be taken as warfoot action by nurses to improve the health status of our nation.

All of us aware that the production of food and grains now a days became commercial. Marketing on health drinks and ready to eat preparations attract all our citizens and predisposing to systemic, metabolic syndromes like diabetes mellitus, hypertension and related systemic failures.

Obesity is one among the risk factors, which is caused by faulty food habits which can be prevented by nurses only. To achieve our goals in this year, let us start a movement to prevent the chronic diseases by good food habits.

As the part of our health education and bundle care system model, nurses can come forward to create awareness and get rid of obesity and return to our cultural foods to lead a healthy life.

Indira. S

Indira. S, *Ph.D.,*
Nursing Principal

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PATIENT CARE TECHNOLOGY AND SAFETY

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INTRODUCTION

Technology in the acute and critical care setting is typically equated with devices such as bedside monitors, bar coding devices ,mechanical ventilators, dialysis machine etc which play a key role in patient safety and care.

The general public believes that technology will improve health care efficiency, quality, safety and cost. Patient care technology has become increasingly complex; transforming the way nursing care is conceptualized and delivered.Technology has been described as both part of the problem and part of the solution for safer health care.

Definitions:

❖ Technology- is defined as science of practical or industrial arts or applied science.

❖ Patient care Technology refers to the practical and applied methods that facilitate the delivery of care of patients, families and families.

❖ Patient safety technology is defined as the prevention of harm caused by errors of commission and omission.

❖ Errors of Omission- the errors that occur when a necessary therapy is not carried out.

Eg: Non administration of medication.

❖ Errors of commission- Wrong dose of medicating given or is administered at wrong time.

GOALS OF PATIENT CARE TECHNOLOGY AND SAFETY

- Safe
- Patient centered
- Timely
- Efficient
- Effective
- Equitable

Categories Of Patient Care Technology

- Those that support direct hands on care of the patient.
- Those that support documentation.
- Those that support meeting the needs of patient and families.
- Those that support the staff caring for the patient.

TECHNOLOGIES COMMONLY USED BY NURSES

Direct Nursing Care Delivery Technology

- ✓ Barcode medication administration
- ✓ Intravenous tubing
- ✓ IV pumps
- ✓ Feeding pumps
- ✓ Nasogastric tubes
- ✓ Endotrachial tube
- ✓ Tracheostomy tubes
- ✓ Syringes
- ✓ Needles
- ✓ Urinary catheters and drainage bags
- ✓ Ostomy appliances
- ✓ Wound drainage tubes
- ✓ Chest tubes
- ✓ Suction equipment
- ✓ Oxygen and air regulators, tubing, and face masks

- ✓ Oxygen tanks and regulators
- ✓ Nebulizers
- ✓ Dressings(from guaze to specialized materials)
- ✓ Traction systems
- ✓ Code carts

Indirect Nursing Care Delivery Technology

- Robotics
- Radio frequency identification
- Electronic inventory systems
- Computerized staffing systems

Communication With People Distanced By Place and Time

- ❖ Electronic medical records
- ❖ Electronic ordering systems
- ❖ Communication devices

(cell phones, PDAs," Voicera," Paging systems)

- ❖ Call systems ,including emergency call bell.

PATIENT PROTECTIVE DEVICES

- ➢ Floor mats
- ➢ Beds
- ➢ Elopement/ wandering alarms
- ➢ Fall alarms
- ➢ Hipprotectors
- ➢ Specialized mattresses (e.g., low air loss)
- ➢ Specialized lighting
- ➢ Hand rails in patient rooms, hall ways, and bathrooms
- ➢ Specialized seating cushions
- ➢ Limb compression devices

PATIENT ASSESSMENT, MONITORING AND SURVELLIANCE.

- ❖ Telemetry
- ❖ Bedside monitoring
- ❖ Ventilators
- ❖ Video surveillance
- ❖ Stethoscope
- ❖ Sphygmomanometer
- ❖ Thermometer
- ❖ Otoscope
- ❖ Ophthalmoscope
- ❖ Pulse oxymetry

PATIENT ASSISTIVE DEVICES

- ➢ Canes
- ➢ Walkers
- ➢ Robotics
- ➢ Stand assist lifts
- ➢ Trapeze bars
- ➢ Patient transfer devices ECD
- ➢ Bed pans
- ➢ Wheel chair
- ➢ Prosthetic limbs
- ➢ Orthotics (braces,shoes)

NURSE PROTECTIVE DEVICES

- ❖ Facemasks
- ❖ Gloves
- ❖ Gowns
- ❖ Hand sanitizer dispensers
- ❖ Mechanical lifts
- ❖ Patient transfers devices

REMOTE PATIENT MONITORING

- ➢ Telemedicine and telehealth

CONTINUOUS LEARNING

- Distance learning
- Video conferencing
- Online training

PATTERN IDENTIFICATION

- ✓ Electronic medical records
- ✓ Workload and staffing data systems.

Tips For Nurses To Influence Technology At The Bedside

- ➢ Organize equipment fairs to gain input from key users and stakeholders before purchases.
- ➢ Examine performance of technology on challenging

scenarios in a simulated setting with a small number (three to five)of untrained ,representative users.

➢ Mentor and oversee temporary (agency) nurses and other personnel(e.g., resident physicians) during first –time use of sophisticated technology

➢ Develop congent arguments to administration to justify purchase of new equipment and technologies, balancing the cost of equipment (costs of purchase, training, and maintenance)against costs saved if equipment was not purchased.

➢ Report adverse events associated with medical devices to the concerned authorities.

➢ Serve as a resource person on your unit for new technologies by getting training early, communicating with vendors ,training others on your unit , and offering to field questions as new technology is implemented.

RESEARCH IMPLICATIONS

SPECIFIC RESEARCH PRIORITIES INCLUDE THE FOLLOWING

- There is a paucity of research evaluating the outcomes of specific patient care technologies. Further research is needed to evaluate the immediate and long term outcomes assosciated with specific technologies used in nursing practice. Research should include nursing, patient and organization outcomes
- Nursing practices and are delivery systems vary across sites. Further research is needed to evaluate the effects of various nurse processes and environment conditions on the use and effectiveness and efficiency of specific technologies used in nursing practice.
- There are a number of moderating and mediating factors effecting technology use in health care (e.g., organizational factors, social factors, physical environment and characteristics of technology). Further research is needed to examine this mediating and moderating factors and how they affect both the use of technology and outcomes.
- Variations in how technologies are implemented exist across organizational and practice settings. Research is needed to improve the process for introducing technology into the work place to optimize outcomes.

CONCLUSION:

Many patient safety technologies are already widely available. The first step for improving health care is having care that is safe and patient and patient centered at the most basic level. Information and communication technology can be applied to the health care environment to enhance patient safety and nurse efficiency.

REFERENCES:

1. Ball, M. Nursing informatics, patient care technology in USA: New opportunities, new responsibilities. British Journal of Healthcare Computing and Information Management, 2001.18(6), 21-23.

2.Linda Q. Thede, PhD, RN, BC, patient safety and Nursing opportunities and Challenges, 2nd edition, Philadelphia: Lippincott Company, 2003.

3. Callen J, Braithwaite J, Westbrook JI. The importance of medical and nursing sub-cultures in the implementation of clinical information systems. Methods Inf Med. 2009; 48(2):196-202.

4. Bakken S, Ruland CM. Translating clinical informatics interventions into routine clinical care: how can the RE-AIM framework help?. J Am Med Inform Assoc. 2009 Nov-Dec; 16(6): 889-97.

5. Bichel-Findlay J, Callen J, Sara A. Health information systems and improved patient outcomes: 2009; 146:378-82.

6. Dykes PC, Carroll DL, Benoit A, Coakley A, Chang F, Empoliti J,et al. A randomized trial of standardized nursing patient assessment using wireless devices.